State of Connecticut
Department of Social Services

W-302
(Rev 5/16)

Disability/Unemployability/Emergency Medical Routing Slip

To:
Email:

Date: _____

Client ID#:

Worker Name:

Client Name:

Regional Office:
(based on client address)

Address:

Date of Birth:

Social Security #

Client Phone #:

Date of Application:

Referral type:

- ☐ SAGA Initial Review
- ☐ SAGA Redetermination
- ☐ Resubmission of previously "Undetermined"
- ☐ S05 Med-ConneCT Initial Review
- ☐ S05 Med-ConneCT Redetermination
- ☐ Title XIX Disability Determination
- ☐ Title XIX Disability Redetermination
- ☐ Emergency Medical
  - Hospital Name:
  - Dates of Service:

Appeal Requested:

- ☐ Request for review prior to appeal
  Date of Hearing _____
- ☐ Request for review pending a fair hearing decision

Medical Packet Information:

- ☐ Please assemble medical packet
- ☐ A medical packet was given
- ☐ A medical packet has been received by DSS and is located in ConneCT
- ☐ A medical packet has been received and routed to CCC

Additional Information or Comments:

DSS Worker Observations:

In addition to the information provided by the client's medical provider(s), your observations as to the client's appearance, affect, demeanor, behavior and appropriateness will be helpful to the reviewers in determining whether the individual named on the reverse is or is not employable or disabled.
